Attachment 3

Office of Administration

Commissioner's Office

Reimbursement Request for Other Services

Program: Alternatives to	Aportion			
Contractor:Lutheran	Family and Children's Se	ervices		
Subcontractor:Luthera	an Family and Children's	Services		
Please enter below the i item to be purchased, co purchased/provided to	ost for the item, and the	em/service to be purchased. e justification. Items must be	List the date of purchase, approved before	
Client Name	ient NameDate Enrolled2/7/2017			
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider ofservices)	Justification, include other sources of funding that have been attempted	
3/3/2017	Birth Certificate	\$15	Client needs child's birth certificate in order to get into a shelter. No other funding sources known.	
Amt to be reimbursed		X15		
travel expenses, shipping c damages. Please subtract Please return to Alterna Commissioner's Office, S	harges, insurance, interes these charges from your to tives to Abortion Progra tate Capitol Building, Re ed to <u>emily.kraft@oa.mo</u>	g items and services are not elig t, penalties, termination paymen otal reimbursement request prio am Manager, State of Missour oom, 125, Jefferson City, MO 6 o.gov by the Contractor only.	nts, attorney fees, and liquidated or to submission. ri – Office of Administration,	
Purchase is Approved Denied A2A Signature			Date	
Reason for denying purch	ase:			